Form **8872**(November 2002)
Department of the Treasury Internal Revenue Service

## Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

▶ See Seperate instructions.

Α	For the period beginning	January 1		,20 <b>13</b>	and ending	June 30	, 20 <b>13</b>		
В	Check applicable boxes	Intial report				1			
1	Name of organization	intial report		Change of address			Final report		
-	st Virginians for Life, Inc.	State PAC Fund					080835		
2	Mailing address (P O Box or		n or suit	e number)	-				
25 (	Canyon Rd			,					
	City or town, state, and ZIP of	code							
Мог	gantown, WV 26508								
3	E-mail address of organization	n				4 Date of	organization was formed		
	orlife@labs.net						Oct 1975		
5a	Name of custodian of record	s		ustodian's address					
She	erri Stavana		2	5 Canyon Rd					
Sherri Stevens				Morgantown, WV 26508					
62	Name of contact person		<b>6b</b> C	ontact person's add	Irese				
- Ou	raine or contact percent			5 Canyon Rd					
She	erri Stevens			-	00700				
			N	lorgantown, WV	26508				
7	Business address of organiza	ation (if different from mai	ling add	ress shown above)	Number, street, and	room or suit	e number		
	City or town, state, and ZIP of	code							
8	Type of report (check only or	ie box)							
			f	Monthly repor	t for the month of	.h			
а	First quarterly report (due	e by Aprıl 15)			port, which is due b		nown above, except the		
р	Second quarterly report	(aue by July 15)	g				y before the election)		
^	☐ Third quarterly report (du	e by October 15)		(1) Type of el (2) Date of ele					
·	mile quarterly report (or	e by October 15)		(3) For the sta					
d	Year-end report (due by	January 31)		(5)					
	_	• ,	h	Post-general	election report (due l	by the 30th d	ay after general election)		
е	Mid-year report (Non-ele			(1) Date of el					
	year only-due by July 31	)		(2) For the sta	ate of				
		_		<del> </del>		i	1		
•	Total annual of managers and a second		14 l l	0-1		g	1620.00		
9	Total amount of reported cor	itributions (total trom all a	ιπacneα	Schedules A)		"			
10	Total amount of reported exp	enditures (total from all a	ttached	Schedules B)		10	6.11		
	Under penalties of perjury,	I declare that I have examine	d this rep	ort, including accompa	anving schedules and st	atements, and	to the best of my knowledge		
Sig	! and belief it is true_corre-	ct, and complete			, ,	,	, ,		
⊮He						. 1	معدا		
<u> </u>	1110000	the puchana	r		<b>b</b> 🗐	huly 23	2013		
<u></u>	Signature, of author				<b>V</b> ⊌a	ate /			
	Paperwork Reduction Act No	otice, see separate instru	uctions.		Cat No 30406G		Form <b>8872</b> (11-2002)		
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r)				) OGDŁ	EN, UT				

Schedule A Itemized Contributions  Name of organization	chedule A page 1 of 1 mployer identification number		
West Virginians for Life, Inc. State PAC Fund		91 2080835	
Contributor's name, mailing address and ZIP code Linda L. Clark	Name of contributor's employer	Amount of contribution	
RR 1 Box 54C Frametown, WV 26623	Contributor's occupation	\$ 245.0	
	Aggregate contributions year-to-date ▶ \$ 245	Date of contribution 2/19/2013	
Contributor's name, mailing address and ZIP code Aggregate Below Threshhold	Name of contributor's employer  N/A	Amount of contribution	
	Contributor's occupation N/A	4275.0	
	Aggregate contributions	\$ 1375.00 Date of contribution N/A 6/30/2013	
Contributor's name, mailing address and ZIP code	year-to-date	Amount of contribution	
	Contributor's occupation	<b>\$</b>	
	Aggregate contributions year-to-date	Date of contribution	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation	\$	
	Aggregate contributions year-to-date	Date of contribution	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation	\$	
	Aggregate contributions year-to-date \$	Date of contribution	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation	\$	
	Aggregate contributions year-to-date \$	Date of contribution	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation	\$	
	Aggregate contributions year-to-date ► \$	Date of contribution	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation	\$	
	Aggregate contributions year-to-date ► \$	Date of contribution	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation	\$	
·	Aggregate contributions year-to-date ► \$	Date of contribution	
<b>Subtotal</b> of contributions reported on this page only of Form 8872	Enter here and also include this amount in the total on line	e 9 <b>\$ 1620.0</b> 0	

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization		Employer identification number
West Virginians for Life, Inc. State PAC Fund Recipient's name, mailing address and ZIP code	Name of recipient's employer	91 2080835
Postmaster	Name of recipient's employer	Amount of expenditure
Morgantown, WV 26505		\$ 6.11
	Recipient's occupation	Date of expenditure
Division of any and the		1/31/2013
Purpose of expenditure  Mail 8872		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
· · · · · · · · · · · · · · · · · · ·		, i
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	\$ Date of expenditure
	necipient's occupation	bate of experionale
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
recipient's name, maining address and 211 code	Name of recipient 3 employer	Amount of experialture
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
recorporate marrie, marring address and 211 code	Name of recipient 3 employer	74 Hourt of experience
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure	<u> </u>	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	\$ Date of expenditure
	neopon's occupation	bate of experionale
Purpose of expenditure		
Subtotal of expenditures reported on this page on line 10 of Form 8872	ly. Enter here and also include this amount in the to	tal on \$ 6.11
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